

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016388
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 319

Primary Registration District No. 1111

Registrar's No.

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		c. CITY OR TOWN STE. GENEVIEVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION REST HOME		d. STREET ADDRESS (If outside, give location) N. MAIN	

3. NAME OF DECEASED (Type or print) First MARGARET Middle RIESENBECK Last RIESENBECK			4. DATE OF DEATH Month APRIL Day 24 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 9 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REST HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JOHN DREYER		13b. MOTHER'S MAIDEN NAME ANNA SMITH		14. NAME OF HUSBAND OR WIFE HERMAN RIESENBECK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ✓		17. INFORMANT Dr. Charles Pratto St. Mary's Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senile Dementia		DUE TO (c) 4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour 4:00 a.m. 4:00 p.m. 4:00 Month, Day, Year 4/24/59					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STE. GENEVIEVE STATE MO	

21. I attended the deceased from 1958 to Apr. 24 1959 and last saw her alive on Apr. 23 1959 Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Arthur E. Schumacher MD (Degree or title)		22b. ADDRESS STE. GENEVIEVE MO	
22c. DATE SIGNED Apr. 24 1959					

23a. BURIAL, CREMATION, REMOVAL (Specify) 4/27/59		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY CALVARY	
23d. LOCATION (City, town, or county) ST LOUIS		23e. STATE MO			
24. FUNERAL DIRECTOR BROM SCHWIG ST LOUIS MO		25. DATE RECD. BY LOCAL REG. 4-24-59		26. REGISTRAR'S SIGNATURE Lucille Baker	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 1 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.